

RESOURCE COORDINATION COALITION OF MARYLAND
SAMPLE LANGUAGE INPUT FOR REVISING THE TRANSFER GUIDELINES

QUICK REFERENCE GUIDE: TRANSFER BETWEEN RC PROVIDERS

OVERVIEW:

People supported within the Developmental Disabilities Administration (DDA) service delivery system are authorized to receive services from providers who are licensed to serve in specified counties or regions within the State. A transfer process was established to support people that change from one resource coordination provider to another resource coordination provider.

Reasons for transfers include, but are not limited to: (a) a change of residence where the person is moving from one region/county to another region/county (as applicable), (b) person resides in a region not supported by the current resource coordination (RC) provider, and (c) choice of a new provider.

PROTOCOLS AND BUSINESS RULES:

- A. People eligible for DDA resource coordination services shall be supported by the approved Resource Coordination provider that corresponds to their county of residence.
- B. In accordance with COMAR 10.09.48.04: Conditions for Participation, to participate as a resource coordination provider, the provider shall serve individuals who are referred by DDA in the DDA-defined region for private agencies and counties for Health Departments for which they submitted a proposal that was approved. The resource coordination provider shall only serve those in accordance with their capacity.
- C. People who are changing from one RC provider to another shall be supported during the transition in accordance with the transfer process noted below.
- D. The transition of a person to the “receiving” RC provider may be reasonably delayed due to the “receiving” provider’s staff capacity. Based on authorization from the DDA, in such situations, the person may remain with their current RC provider for up to 60 days until the “receiving” provider can identify and train a resource coordinator with the appropriate skills to meet the needs of the person.
- E. During the transition period, the “sending” RC provider is authorized to serve the individual, even if they do not support the region or county in which the person currently resides, until the transfer is completed.
- F. The anticipated effective date for the transfer shall be no sooner than five (5) business days of the Regional Office’s receipt of the *Notification of Provider or Site Change/RFSC Service- Neutral Activity (Appendix A)* form unless otherwise authorized by the DDA.

- G. The individual's records shall be made available via PCIS, electronic transmission or hard copy as applicable as soon as practical and no later than close of business two days prior to the effective transfer date.
- H. During the transition period, the "receiving" (or new) RC provider will have access to the person's specific information within PCIS2;
- I. The RC providers and DDA shall work to ensure there is no lapse of time with the transfer during which the individual does not receive authorized RC services.
- J. The "sending" RC provider and the "receiving" RC provider shall have the option to jointly participate in a meeting with the individual and others to discuss and establish a transfer plan and date, as a reimbursable service. The transfer plan will include updates, steps, and assignments to complete significant outstanding services and supports (IP, RFSC, emergency supports, request for additional service units, SFPs, applications, Waiver or Medicaid re-determinations, etc.), provision of records **{see note below}*,

Transfer Process Steps - Transfer within Region

Step 1:

The "sending" RC provider shall notify via email their Regional Office (RO) designee that a transfer is needed. The email should include the name and address of the individual and the name and address of the caregiver, as well as the reason for the transfer.

Step 2:

The DDA Regional Office (RO) designee will send out a choice letter to the individual and/or caregiver so they can make a choice regarding a new RC provider. The individual can also make a choice to transfer with notification to the RO without a choice letter; the RO shall so inform the RC providers by email.

During the time that a choice is being made, the "sending" RC provider will continue to support the individual to ensure continuity of service.

The "sending" RC provider will remain active in PCISII during this time

Step 3:

The RO will receive the choice letter or notification from the individual/caregiver. They will notify via email the following entities regarding which RC provider will be assigned:

- “Sending” RC provider
- “Receiving” RC provider

The email is to include available service units, and guidance for the parties and the individual to promptly agree on a transfer date before any closure and admission dates are entered in PCISII. The sending provider shall initiate and facilitate this decision. The providers and the individual have the option to jointly develop a transfer plan as needed.

Step 4:

The “sending” RC provider will inform the person, DDA RO, and their team of the transfer date.

The “sending” RC provider will let the person know that they will be sharing specific information and documents with the “receiving” RC provider.

Step 5:

The “sending” RC provider will compile a transfer packet as needed to include relevant documents from the “information and document sharing” section of this guide as needed. They will also include a completed *DDA Notification of Provider or Site Change/RFSC Service-Neutral Activity Form* in the packet.

Step 6:

Thereafter the “sending” RC provider will forward the transfer packet within 3 business days to their RO designee. The RO can add to the packet additional relevant records and information, will forward the packet to the new RC provider.

Step 7:

The “receiving” RC provider will review the transfer packet and seek clarification or additional information from the “sending” provider as needed.

****Note:**

If a case is very complex, it is recommended that a supervisor from the “sending” RC provider and “receiving” RC provider speak over the phone to discuss the case in an effort to facilitate a smooth transfer.

Step 8:

The RO will end the RC services for the “sending” RC provider one day prior to the agreed upon transfer date. The RO will then authorize the start of the RC service with the “receiving” RC provider for the agreed upon date of transfer.

Step 9:

Both the “sending” and “receiving” RC providers will receive automated notification through the PCISII system of the effective dates.

Transfer Process Steps - Transfer Between Regions**Step 1:**

The “sending” RC provider shall notify via email their Regional Office (RO) designee that a transfer is needed. The email should include the name and address of the individual and the name and address of the caregiver, as well as the reason for the transfer.

Step 2:

The “sending” RO designee will contact their counterpart in the receiving RO to notify them of the impending transfer and request that a Choice Letter be sent out. The individual can also

make the provider choice with notification to the RO without a choice letter; the RO shall so inform the RC providers by email.

****Note:**

During the time that a choice is being made, the “sending” RC provider is authorized and will continue to support the individual to ensure continuity of service until the day before transfer.

The “sending” RC provider will remain active in PCISII during this time

Step 3:

The “receiving” RO will receive the Choice Letter back from the individual/caregiver. They will notify via email the following entities regarding which RC provider will be assigned:

- “Sending” RC provider
- “Receiving” RC provider
- “Sending” RO

The “sending” RO email shall include available service units, and guidance for the parties and the individual to promptly agree on a transfer date before any closure and admission dates are entered in PCISII. The sending provider shall initiate and facilitate this decision. Once the “sending” and “receiving” RC providers and the individual have agreed on a transfer date, the sending provider shall notify all parties including the “sending” and “receiving” RO via email, and the formal transfer process is to begin. The providers and individual have the option to jointly develop a transfer plan as needed.

Step 4:

The “sending” RC provider will inform the person, the DDA ROs, and their team of the transfer date.

The “sending” RC provider will let the person know that they will be sharing specific information and documents with the “receiving” RC provider.

Step 5:

The “sending” RC provider will compile a transfer packet as needed to include relevant documents from the “information and document sharing” section of this guide. They will also include a completed *DDA Notification of Provider or Site Change/RFSC Service-Neutral Activity Form* in the packet.

Step 6:

The “sending” RC provider will forward the transfer packet within 3 business days to their RO designee who can add additional relevant records and information to the packet and will send the packet to the “receiving” RO. The “receiving” RO will forward the packet to the new RC provider.

Step 7:

The “receiving” RC provider will review the transfer packet and seek clarification or additional information from the “sending” provider as needed.

*****Note:***

If a case is very complex, it is recommended that a supervisor from the “sending” RC provider and “receiving” RC provider speak over the phone to discuss the case in an effort to facilitate a smooth transfer.

Step 8:

The “receiving” RO will end the RC services for the “sending” RC provider one day prior to the agreed upon transfer date. The “receiving” RO will then authorize the start of the RC service with the “receiving” RC provider for the agreed upon date of transfer.

Step 9:

Both the “sending” and “receiving” RC providers will receive automated notification through the PCISII system of the effective dates.

NOTE: If the inter-regional transfer is to the same RC provider, then the above steps can be modified, to include record and information sharing, transfer plans, cost neutral form, and notifications.

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Information and Document Sharing

The “receiving” provider will have access to the individual’s record in PCIS2 during the transfer process. Essential records and information are made available to the receiving provider via PCIS, electronic copy, or hard copy.

General Information:

1. Person’s First and Last Name;
2. Social Security Number and Consumer ID;
3. Medical Assistance Number *(if applicable)*;
4. Date of Birth;
5. Current Home Address and Phone Number;
6. Primary Contact or Caregiver *(including name, current address, and phone number)*;
7. Legal Guardian *(If applicable. Including name, current address, and phone number)*;
8. Details Regarding Communication, accommodations and adaptive equipment *(i.e. primary language or method, best time to call primary contact/guardian, etc.)*;
9. Reason for Transfer *(i.e. current provider does not serve the region/county, individual moved to another region/county, etc.)*;
10. Type of housing and housing supports.
11. Context of need at the time of transfer, including current status and pending resource coordination activities for the person to be transferred such as:

- a) Current eligibility and priority;
- b) Current circumstances including any recent crisis, actions taken to date to resolve, etc.;
- c) If there was no MA # available, note the application status for Medicaid (*i.e. initial application in process, initial application complete- in review, initial application denied, not technically eligible, not medically eligible, not financially eligible, date recertification due*);
- d) Transitioning Youth Status (*if applicable*);
- e) Waiver Status (*i.e. initial application in process, initial application complete- in review, initial application denied, not technically eligible, not medically eligible, not financially eligible, date recertification due*);
- f) Annual Individual Plan (IP) Date and Status of Review (*i.e. in draft, complete, overdue, date annual meeting scheduled, etc.*);
- g) Current service(s) & provider(s) (*if applicable*);
- h) Contact information for any other case manager supporting the individual through another agency, non-DDA waiver, etc. (*if applicable*);
- i) Request for Service Change (*i.e. emergency, standard, cost neutral request, in draft, completed, pending RO decision, etc.*);
- j) Date next Monitoring and Follow-Up Report is due;
- k) Incidents (*i.e. to be reported via PORII module, follow-up on reported incidents, follow-up on health status, etc.*);
- l) Any other information that the “sending” RC provider feels is important for the “receiving” RC provider to know in order to effectively work with the individual and their caregiver (*i.e. large dog in the home, concerns with safety in neighborhood, etc.*); and

The “sending” RC provider shall identify and provide contact information for a point person to whom the “receiving” provider may direct any questions. To be included will be the name, email address, and phone number of the most recent resource coordinator who was primarily assigned to the person, if different from the primary point of contact.

Document Sharing: From “Sending” to “Receiving” RC Provider (*either PCIS, electronic and/or hard copy*)

- A. Critical Needs List Recommendation form and supporting documents (*if available*);
- B. Waiver paperwork/documents;

- C. Current Individual Plan (IP);
- D. Request for Service Change form and supporting documents;
- E. Service Funding Plans (*if applicable*);
- F. Any additional progress notes not maintained within PCIS2 for the previous 6 – 12 months depending on the complexity of the case;
- G. Other service plans (*i.e. Individual Education Plan (IEP), Behavior Support Plan, Nursing Care Plan, Living at Home Plan, etc.*); and
- H. Other documents as requested by the “receiving” provider.

<p>Prior to one day before the effective date of transfer, the “sending” provider shall have all progress and monitoring notes completed and information entered or uploaded within the appropriate sections of the IP, RC, and PORII modules within PCIS2 (<i>as applicable</i>).</p>
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DDA Notification of Provider or Site Change / RFSC Service-Neutral Activity Form

The *DDA Notification of Provider or Site Change/RFSC Service-Neutral Activity Form* shall be used to document the change in RC provider of services. Elements include an attestation that health and safety requirements continue to be met, the program is accessible, adequate trained staff are available to implement the individual plan, and specific communication steps are completed. The following information shall be completed on the form:

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1st Section: ***“General Demographic”*** enter the following:

1. Last Name;
2. First Name;
3. Medical Assistance Number; and
4. Social Security Number and Jurisdiction/County.

A black rectangular form with three red-outlined rectangular boxes at the bottom, intended for entering demographic information.

4th Section: ***“Change in Resource Coordination Agency”*** enter the following:

1. Current RC Provider’s Name (*i.e. “sending” provider*);
2. New RC Provider’s Name and Address (*i.e. “receiving” provider*);
3. Anticipated Effective Transfer Date²; and
4. Jurisdiction and/or County.

A black rectangular form with two red-outlined boxes. A red arrow points from the label “Receiving” provider to the first box. Another red arrow points from the label “Sending” provider to the second box.

5th Section: ***“To be completed by Resource Coordination (required)”*** enter the following:

1. Reason for Change;
2. RC Assurances (check all that are true and explain any assurance not checked);
3. RC Name, Signature, and Date;
4. Copies (check and send a copy of request to all entities listed); and
5. RC Comments.

A black rectangular form with a red-outlined box at the top left, a larger red-outlined box at the top right, and a red-outlined box at the bottom left. Four red checkmarks are visible in the middle section. A red arrow points from the circled number 2 in the list to the top-left box.

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Documenting Activity Duration and Billing

A claim for resource coordination activities that occur *prior* to the effective transfer date may be submitted by the “sending” provider as a “referral and related” activity. Resource coordination activities that occur *on or after* the effective transfer date may be submitted by the “receiving” provider based on the activity. Activity notes and duration posted in PCIS2 should clearly document the reason and outcome of the activity.

Please refer to the appropriate guide for additional information and screen shots for logging activities in PCIS2.

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NOTE: Sending and Receiving RC provider to receive reimbursement for participation in and development of this transition plan. If the activities are not considered “billable” by both providers, then explore options to increase the unit reimbursement rate, or consider as a separate “administrative” flat rate reimbursement, grant options, or other options.

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APPENDIX A

DEVELOPMENTAL DISABILITIES ADMINISTRATION Notification of Provider or Site Change / RFSC Service-Neutral Activity

_____	_____	_____
Last Name	First Name	Middle Name/Initial
_____	_____	_____
Medical Assistance Number	Social Security Number	Jurisdiction/County

☐ New Site/Same Provider: _____ ☐ Residential ☐ Employment/Day
 Current Address: _____ City _____ Zip _____
 New Address: _____ City _____ Zip _____
 Anticipated effective date: _____ Jurisdiction/County: _____

☐ Same Service/New Provider: ☐ Residential ☐ Employment/Day SFP Attached: ☐ Yes ☐ No-(explain in RC Comments)
 Current Provider Name/Address: _____
 New Provider Name/Address: _____
 New Service Site Address: _____ ☐ N/A
 Anticipated effective date: _____ Jurisdiction/County: _____

☐ Change in Resource Coordination Agency from (Current): _____ to
 (New Agency/Address): _____
 Anticipated effective date: _____ Jurisdiction/County: _____

To be completed by Resource Coordination (required):

Reason for change: _____

RC Assurances (explain in Comments section below if ANY assurances are **not true**):

- Individual/Guardian ☐ Initiated -or- ☐ Agrees with change ☐ Health/Safety & Behavioral needs are met
☐ There is trained staff to properly implement the individual plan ☐ Site is accessible
☐ Least restrictive alternative ☐ Resource Coordinator agrees with accuracy of information

RC: _____
 (Print Name) (Signature) (Date)

Copies: ☐ Current Provider ☐ New Provider ☐ Individual ☐ Legal Guardian Other: _____

RC Comments:

Regional Office Confirmation:

RC Assurances ☐ Yes ☐ No Appropriate Licensure ☐ Yes ☐ No PCIS Updated ☐ Yes ☐ No
 Copies: Provider(s) ☐ Yes ☐ No Resource Coordination ☐ Yes ☐ No Individual/Guardian ☐ Yes ☐ No

Reviewed & confirmed by Regional Office: _____
 (Signature) (Date)

☐ CMRO ☐ EMRO ☐ SMRO ☐ WMRO

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APPENDIX A

Request for Service Change: Cost-Neutral Activities

Specific situations which are service neutral will be processed quickly when they are supported by the individual, the team, meet applicable regulatory requirements and are confirmed by the Regional Office.

An *RFSC Service-Neutral Activity Form* is used to document the process. Elements include an attestation that health and safety requirements continue to be met, the program is accessible, adequate trained staff are available to implement the individual plan and specific communication steps are completed.

Specific request areas covered in the streamlined process include the following:

I. Change in location of residential and/or day program site

There is request for change in site location and the individual is in agreement with the proposed new site; but there is no change in the person's level or intensity of service, and the provider of service is the same.

For example, the house leased by ZY Homes Inc, at which the person is currently served, has been sold, and the person is in agreement with moving to the newly leased home. The person continues to need the same 2:3 ratio of staffing and awake-overnight.

II. Change in provider of services

An individual requests a change in provider without change in his/her level or intensity of service.

For example, the person wants to move residential services from ZY Homes Inc to AB Living Inc, but the individual support needs are no different. A Service Funding Plan is required, and may be attached to the *Form*.

If the new provider recommends or requests additional supports, such as transitional or increased staffing, then the full RFSC process must be followed to justify the request with support to show it is based on the person's need.

Process:

The Resource Coordinator is responsible for completing the *RFSC Service-Neutral Activity Form*, assuring the individual and his/her support network are fully aware and in support of the proposed change. The completed *Form* is submitted to the appropriate Regional Office, with copies to the individual and the relevant service providers. Regional Office reviews the *Form* for confirmation of funding, site licenses or other related issues, and then copies are forwarded to the RC and the providers.

Note that provider requests for *changes in funding that are not related to a change in an individual's level or intensity of service are not covered in the RFSC process*; providers are advised to contact the Regional Office for direction in those cases.